

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/575153

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2			/			
3	2		/			
4	2		/			
5	2		/			
6	2		/			
7	2		/			
8	2		/			
9	0		/			
10	/		/			
11	2		/			
12	0		/			
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TOTAL IND.	/		/			
TOTAL DEP.	17	↔	12	↔		
TOTAL CLAIMS	16	[Redacted]	13	[Redacted]		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						